

PART I LOBBYIST

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/ THIS SPACE FOR OFFICE USE ONLY

HONOLULU THICE COMMISSION RECL /ED

96.23.20

JUN 19 P4:15

DATE

2019 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

LOBBYIST FIRM/EMPLOYER (if applicable)		
Hawaii Reserves, Inc.		
MAILING ADDRESS (No. and Street or P.O Box) 55-510 Kamehameha Highway, Suite 12		
		ireserves.com
(State)	(Zip Code)	
Hawaii	96762	F
	-	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		
MAILING ADDRESS (No. and Street or P.O. Box)		
	EMAIL	
/Ot-t-\	(7:- Ondo)	
(State)	(ZIP Code)	-
(if Johnving on hehalf of members)		
(ii lobbying on bones of manbalay	"	✗ Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		
		Not Applicable
BBYING		
	P.O Box) (State) Hawaii BY FOR (Do not abbreviate) P.O. Box) (State) (if lobbying on behalf of members)	P.O Box) FAX EMAIL contact_us@hawai (State) Hawaii (Zip Code) 96762 BY FOR (Do not abbreviate) FAX EMAIL FAX EMAIL (State) (Zip Code) FAX EMAIL (Zip Code) (Zip Code)

I am no longer authorized to lobby on behalf of the organization in Part II.A

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY				
☐Business & Economic Development	□Community Services	□Customer Services		
□Culture & Arts	□Housing	□Public Works, Infrastructure & Sustainability		
□Parks & Recreation	□Public Health, Safety & Welfa	□Tourism		
□Transportation	⊠Zoning & Planning	■Specific Legislation: □Additional Sheet(s) Attached Bill No. 1 (Year) 2019 Reso No. Admin. Rule No. Dept.		
□Other (indicate below):		Dopt.		
PART IV LOBBYIST CERTIFICATION				
I hereby certify that the foregoing statements are true correct. State of Hawaii City and County of Honolulu This 2 page document dated 5/16/19 2000-328 This 2 page document dated 5/16/19 Was subscribed and sworn/affirmed before me, a Notary Public 1111 was subscribed and sworn/affirmed before me, a Notary Public 1111 May 16, 2019 May 16, 2019 My Commission expires 07/09/2020 My Commission expires 07/09/2020 S. Ann Allred				
PART V AUTHORIZATION TO LOBBY				
NAME R. Eric Beaver TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO				
NAME OF ORGANIZATION (if applicable)		TELEPHONE		
Hawaii Reserves, Inc.		(808) 293-9201		
MAILING ADDRESS (No. and Street or P.O Box) FAX		FAX		
		EMAIL rebeaver@hawaiireserves.com		
(City) Laie	(State) Hawaii	(Zip Code) 96762		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. 5/16/2019				
(Signature of Authorizing Officer or F	(Date)			